

**INDEPENDENT
COMMITTEES
AND POLITICAL
COMMITTEES
(PACs)
CAMPAIGN
STATEMENT
FORMS**



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: _____ To _____
Mo Day Year Mo Day Year

1. Committee I.D. Number

4. Committee's Mailing Address

Area Code and Phone (____) _____ - _____

2. Committee Name

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Area Code and Phone

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

Month Day Year

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ **DISSOLUTION OF COMMITTEE**
Effective Date of Dissolution

Month Day Year

By checking Item 8h, I certify that the
committee has no assets or outstanding
debts, including late filing fees. **Note:** The
disposition of residual funds must be
reported on Schedule 2B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper _____ / _____ Date _____
Type or Print Name Signature Mo Day

- Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number _____

2. Committee Name _____

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)		(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)		(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"		(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 2A-1, Column 6)		(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ _____	(20.) \$ _____
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)		(6a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)		(6b.) \$ _____	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$ _____	(21.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)		(8a.) \$ _____	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)		(8b.) \$ _____	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)		(8c.) \$ _____	
d. Unitemized (less than \$50.01 each - no Schedule)		(8d.) \$ _____	
e. Subtotal of Expenditures		(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 2B-1, Column 7)		(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$ _____	(24.) \$ _____
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)		(11.) \$ _____	(25.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)		(12a.) \$ _____	
b. Owed to the Committee (Schedule 2E)		(12b.) \$ _____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)		(13.) \$ _____	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)		(14.) + _____	
15. SUBTOTAL Add lines 13 and 14		(15.) = _____	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)		(16.) - _____	
17. ENDING BALANCE (Subtract line 16 from line 15)		(17.) \$ _____	*

NOTE: Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

Please enter contributor=s name and address. If contribution is from an individual, enter last name, first name,and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 2 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 3 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 4 Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		
		Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED OTHER RECEIPTS
SCHEDULE 2A-1
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: _____ Address: _____ Γ Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ -	
Receipt #2 Name: _____ Address: _____ Γ Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ -	
Receipt #3 Name: _____ Address: _____ Γ Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ -	
Receipt #4 Name: _____ Address: _____ Γ Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ -	
Receipt #5 Name: _____ Address: _____ Γ Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ -	
Receipt #6 Name: _____ Address: _____ Γ Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ -	
Receipt #7 Name: _____ Address: _____ Γ Fund Raiser	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ -	
Page Subtotal			
Grand Total of All Schedules 2A -1 (Complete on last page of Schedule)			

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS- PAYROLL
SCHEDULE 2A-2
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS

3. NAME OF EMPLOYER: _____

4. BUSINESS ADDRESS: _____

5. Please enter contributor's name and address:	6. Date of Receipt	8. Amount	9. Cumulative for Calendar year for Each Contributor (Through date of receipt)
Contribution # 1 Name: Address:	_____		
Contribution # 2 Name: Address:	_____		
Contribution # 3 Name: Address:	_____		
Contribution # 4 Name: Address:	_____		
7. If over \$100.00 cumulative, please provide explanation:			
Contribution # 5 Name: Address:	_____		
Contribution # 6 Name: Address:	_____		
Contribution # 7 Name: Address:	_____		
Contribution # 8 Name: Address:	_____		
Page Subtotal			
Grand Total of All Schedules 2A-2 Complete on last page of Schedule			

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		
Contribution # 2 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		
Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		

Page Subtotal

Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

Enter this total
on line 6a of
Summary Page
CFR 5/2000 pac 2-IK



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name: _____ Address: _____ 4. Purpose: _____ Expenditure Code: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name: _____ Address: _____ 4. Purpose: _____ Expenditure Code: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #3 Name: _____ Address: _____ 4. Purpose: _____ Expenditure Code: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name: _____ Address: _____ 4. Purpose: _____ Expenditure Code: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			

Subtotal this page

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Enter this total
On Line 8a of the
Summary Page

INDEPENDENT OR POLITICAL COMMITTEES EXPENDITURE PURPOSE CODES

(Use for Schedule 2B, Itemized Direct Expenditures, Schedule 2B-1, Itemized Independent Expenditures and Schedule 2E, Debts & Obligations). Codes may be used (but are not required) to indicate the purpose of expenditures in addition to written description. Following is a listing of codes:

- BA - Broadcast Advertising (radio or television)
- BK- Bank service charges, check fees, NSF fees, etc.
- BQ- Expenditures for or against ballot issues
- CC - Charitable Contributions (recipients must have non-profit charitable status with Internal Revenue Service.)
- CF- Credit card fee (committee's cost of having credit card: credit card annual fee; late payment fee; over limit fee, etc.)
- CN - Consultation, research, surveys, signature gathering, polling, telemarketing
- CO- Computer costs (Web page, Internet access, database, programming, software, etc.)
- CP- Credit card payments (payments on credit card bill - **requires** detailed itemization if payment is over \$50.00)
- DI - Direct contribution to Candidate Committees and other committees
- EQ- Equipment lease or purchase (computers, cellular telephones, pagers, printers, office furniture, calculators)
- ET- Entertainment costs, musicians and singers, etc.
- FE- Food expenses (for staff meetings, campaign workers, volunteers, fund raisers, campaign office coffee, etc.)
- GI- Plaques, flowers, cards, gifts (thank you, holiday, weddings, anniversary, etc.)
- FF- Filing fee (paid for candidate ballot access)
- IC - Independent Contractors or Contract Employees (Advertising agencies, media consultants, CPA's, attorneys, etc.)
- IN- Insurance, bonding
- IP- Interest payments
- LF- Late Filing Fee (paid for late filing of Statement of Organization, Late Contribution Reports or Campaign Statements)

- LI- Licenses (liquor license, sales license, etc.)
- LO- Loan payment (repayment of loans of money: bank loan, loan from individual, candidate, etc.)
- MA - Mailing, Stamps, Postage, Bulk Rate Permits
- ME Meeting expense
- NF- Non-Fund Raiser events (meet the candidate, receptions and other campaign events where contributions are not solicited or accepted)
- OE- Office expense (utilities, janitorial, telephone, supplies, such as pens, pencils, paper, toner, etc.)
- PA - Print Advertising (newspaper ads, periodicals, brochures, leaflets, slate cards, t-shirts, tickets, caps, pens, pencils, mugs, etc.)
- PP - Political Party dues, fund raisers, donations, souvenir book ads etc.
- RE- Rental of facilities (campaign office, fund raiser facilities, banquet or reception halls, etc.)
- RF- Refund of Contributions (return of excess, corporate, other prohibited or rejected contributions or as part of dissolution process)
- SA - Sign advertising (billboards, yard signs, car signs, airplane streamers, wires, signposts, placement costs, installation and takedown costs)
- SU- Subscriptions (campaign-related magazines, educational materials, literature)
- SW- Salaries & wages (staff payroll, federal, state & local withholding taxes, wait staff for functions)
- TE- Travel expenses (airfare, hotels, meals, mileage reimbursements, parking)
- TP - Ticket purchases (Candidate, political party, other committees' fund raisers)
- TX- Taxes (Sales tax, committee income taxes, etc.)



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 2B-2

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number _____

2. Committee Name _____

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Election or Election Cycle (Through date in Item 5)
Expenditure #1 Name: Address: Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____			
Expenditure #2 Name: Address: Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____			
Expenditure #3 Name: Address: Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description _____ 5. DATE OF EXPENDITURE: _____ 6. VENDOR NAME & ADDRESS: _____			
Page Subtotal				
Grand Total of all Schedules 2B-2 (Complete on last page of Schedule)				

Enter this total
on line 8c of the
Summary Page

Enter this total on
line 11 of the Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE B - G

POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES

1. Committee I.D. Number _____

2. Committee Name _____

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f.
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED.

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: _____ For Activity Type Ab≡ - Af≡, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. 9 Challengers d. <input type="checkbox"/> Poll Watchers e. 9 Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____		\$ _____
Expenditure #2 Name & Address: _____ For Activity Type Ab≡ - Af≡, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. 9 Challengers d. <input type="checkbox"/> Poll Watchers e. 9 Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____		\$ _____
Expenditure #3 Name & Address: _____ For Activity Type Ab≡ - Af≡, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. 9 Challengers d. <input type="checkbox"/> Poll Watchers e. 9 Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____		\$ _____

Subtotal this page

Grand Total of all Schedules B-G
(Complete on last page of Schedule)

Enter this total
on Line 8b of
the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: _____ Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____ ____ / ____ / ____ \$ _____		<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt

Grand Total of all Schedules 2E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**FUND RAISER SCHEDULE 2F
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number _____

2. Committee Name _____

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

Month Day Year

4. Number of Individuals Attending
or Participating (whichever is
greater)

5. Type of Fund Raising Activity

6. Address and Name (If any) of the
place where the activity was held

☐ Private Residence

7. Total Contributions of \$20.00 or less _____

8. Total Contributions of \$20.01 or more _____

9. SUBTOTAL (Add lines 7 and 8) _____

10. Other Receipts _____

11. Gross Receipts (Add lines 9 and 10) _____

12. Total Cost of Event _____

*Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

! The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

! Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized Expenditures Schedule (2B) and the Summary Page.

! Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

STOP

THE STATEMENT OF
ORGANIZATION IS NOT A PART
OF THE CAMPAIGN STATEMENT.

**DO NOT SUBMIT UNLESS YOU ARE FILING AN ORIGINAL
STATEMENT OF ORGANIZATION FOR A NEW
COMMITTEE OR YOU ARE AMENDING THE STATEMENT
OF ORGANIZATION TO CHANGE COMMITTEE
INFORMATION SUCH AS NAME, ADDRESS, TREASURER,
DESIGNATED RECORDKEEPER, DEPOSITORIES OR
TELEPHONE NUMBERS.**



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**STATEMENT OF ORGANIZATION
INDEPENDENT AND POLITICAL COMMITTEES**

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION
ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

<p>1. Committee Identification No. _____</p> <p>3. Full Name Of Committee (Must Include Sponsor or Affiliate) _____ _____</p> <p>3a. Acronym or Abbreviation (If any) _____</p> <p>3b. Name of Sponsor or Affiliate: _____</p> <p>3c. Are you a Separate Segregated Fund (SSF)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3d. The sponsor is a (check one box): <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> Domestic Dependent Sovereign</p>	<p>2. Type of Filing</p> <p><input type="checkbox"/> 2a. Original</p> <p><input type="checkbox"/> 2b. Amendment to Item(s)# _____</p> <p>2c. Date Change(s) Took Place Month _____ Day _____ Year _____</p>
<p>4. Committee Mailing Address (May be P.O. Box): _____</p> <p>4a. Committee Street Address (May <u>not</u> be P.O. Box) _____</p>	
<p>5. Date Committee Was Formed (In Michigan) Mo _____ Day _____ Year _____ 6. Committee Area Code and Phone Number (_____) - _____</p>	
<p>7. Name and Mailing Address of Committee Treasurer</p> <p>_____ Last Name First Name M. I. Street Address or P.O. Box City State Zip Code</p> <p>Area Code and Phone (_____) - _____</p>	
<p>8. Type of Committee (Please check one box) <input type="checkbox"/> Political Committee <input type="checkbox"/> Independent Committee</p>	
<p>9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will personally handle these responsibilities, leave this item blank.</p> <p>_____ Last Name First Name M.I. Street Address City State Zip Code</p> <p>Area Code and Phone (_____) - _____</p>	
<p>10. <input type="checkbox"/> REPORTING WAIVER. The committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures, loans and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the " amount received" for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.</p>	
<p>11. Names and Addresses of depositories or intended depositories of committee funds.</p> <p>11a. Official Depository: Name _____ Street Address _____ City _____ State _____ Zip Code _____</p> <p>11b. Secondary Depository: Name _____ Street Address _____ City _____ State _____ Zip Code _____</p>	
<p>12. Complete if committee is being registered to support or oppose specific candidates.</p> <p>Candidate Name _____ Office Sought _____ County of Residence _____ Party (if any) _____</p>	
<p>13. Complete if committee is being registered to support or oppose specific ballot proposals. <input type="checkbox"/> Support <input type="checkbox"/> Oppose</p> <p>Ballot Proposal: _____</p> <p>If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside.</p> <p><input type="checkbox"/> Statewide <input type="checkbox"/> Multi-County <input type="checkbox"/> County <input type="checkbox"/> Local</p>	
<p>14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my knowledge or belief.</p> <p>Current Treasurer _____ \ _____ Date _____</p> <p style="text-align: center;">Type or Print Name Signature Mo. Day Year</p>	

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION FOR INDEPENDENT AND POLITICAL COMMITTEES

Michigan's Campaign Finance Act, P.A. 388 of 1976, covers a "person" operating within Michigan or out-of-state as soon as it receives or spends \$500.00 or more in a calendar year to influence voters for or against the nomination or election of one or more candidates in Michigan or the qualification, passage or defeat of one or more ballot questions in Michigan. The term "person" is used to mean "a business, proprietorship, firm, partnership, joint venture, syndicate, business trust, company, association or two or more individuals who act jointly". As soon as a person reaches the \$500.00 threshold, it has 10 calendar days to form and register a "committee" under the Act. A person that is covered by the Act registers a committee by filing this form with the appropriate filing official. A corporation, labor organization or domestic dependent sovereign (recognized Indian tribe) must register a committee in order to receive or spend any money to influence voters for or against the nomination or election of a candidate in Michigan.

COMMITTEE TYPES

Before registering an Independent or Political Committee, the differences between the two committee types must be given careful consideration.

Political Committees - Formed to support or oppose one or more candidates; may support or oppose ballot questions. A Political Committee must observe the same contribution limits that apply to individuals.

Independent Committees - Formed to support or oppose three or more candidates. An Independent Committee that meets the following three criteria may give a Candidate Committee of a candidate for elective office ten times the amount a Political Committee or an individual is permitted to give: (1) registers as an Independent Committee at least six months before the election, (2) receives contributions from at least 25 persons and (3) in the same calendar year that the 25 contributions are received, expends funds to support or oppose three candidates for elective office. An Independent Committee must adhere to contribution limits applicable to a Political Committee until the committee meets the criteria detailed above.

WHERE TO FILE THIS FORM

Two copies of this form must be filed when registering a committee. If the districts of all of the candidates supported or opposed are located wholly within the same county, the committee files with the clerk of that county. If the districts of all of the candidates supported or opposed are not located wholly within the same county, the committee files with the Michigan Department of State, Bureau of Elections, Post Office Box 20126, Lansing, Michigan 48901. Office location: Mutual Building, 4th Floor, 208 North Capitol, Lansing, Michigan 48933. Phone: 517/373-2540. **NOTE: The information contained on the Statement of Organization must be kept up-to-date. If a change in the information takes place, an amendment to the form must be filed no later than the due date of the first Campaign Statement required of the committee after the change. An amendment must be signed by the treasurer serving at the time of the change.**

INSTRUCTIONS

Type or clearly print in ink all information requested on the Statement of Organization form. Each entry on the form is discussed below.

- ITEM 1:** On the original Statement of Organization, leave this item blank. An identification number will be assigned to the committee by the filing official. If an identification number has been assigned to the committee, enter it in Item 1.
- ITEM 2:** Indicate whether this is an original Statement of Organization filing or an amendment to a Statement of Organization already on file. If an amendment, list the number of the Item(s) affected and the date the change took place. If filing an amendment, complete Item 2, the item(s) affected and Items 1, 3 and 14.
- ITEM 3:** Enter the committee's official name. Do not use initials or abbreviations. An Independent Committee or Political Committee is required to include in the name of the committee the name of the person or persons that sponsor the committee, if any, or with whom the committee is affiliated. A person, other than an individual or a committee, sponsors or is affiliated with an Independent Committee or Political Committee if that person establishes, directs, controls, or financially supports the administration of the committee. A person does not financially support the administration of a committee by merely making a contribution to the committee. If the committee plans to use an abbreviated name or an acronym, enter it in **Item 3a**. In **Item 3b**, fill in the name of the sponsoring organization or affiliate. In **Item 3c**, check yes or no to indicate whether the committee is a separate segregated fund. If the answer to Item 3c is no, skip Item 3d. If the answer to 3c is yes, check one box in **Item 3d** to indicate whether the organization forming the committee is a corporation, labor organization or a domestic dependent sovereign.
- ITEM 4.** Enter the committee's mailing address if different from the committee's street address. A post office box is acceptable as a mailing address. All mail from the filing official will be directed to the committee's mailing address as shown in Item 4. Enter the committee's street address in **Item 4a**. A post office box is **not** acceptable. (List the treasurer's home address if no other address is available.)
- ITEM 5.** Enter the date the committee was formed in Michigan. The original Statement of Organization form must be received by the filing official within **10 calendar days** after the committee's formation date. Late filing fees are assessed at a rate of \$10.00 per business day if the form is filed late.
- ITEM 6.** Enter the committee's area code and phone number.
- ITEM 7.** Enter the full name (last name first) and mailing address of the committee's treasurer. Include a phone number where the treasurer can be reached during business hours. The committee's treasurer **must** be a qualified elector of Michigan if the committee conducts business through an office or facility located in Michigan. The committee treasurer does not have to be a Michigan resident if the committee does not conduct business through an office or facility located in Michigan. A committee that wishes to have a treasurer who is not a Michigan resident is required to file an "irrevocable written stipulation" with its Statement of Organization. Further information on this requirement can be obtained from the filing official.
- ITEM 8.** Check one box to indicate the type of committee being registered.
- ITEM 9.** List the name (last name first), mailing address, area code and phone number of the person who will be responsible for the committee's records and Campaign Statement filings. If the committee treasurer will personally handle these responsibilities, leave this item blank. A person designated in this item may sign Campaign Statements but does not have the authority to sign the Statement of Organization forms in place of the treasurer.
- ITEM 10.** Check the box to request a **Reporting Waiver**. If Item 10 is checked and the committee does not exceed the \$1,000.00 threshold in a calendar year, the committee is granted a Reporting Waiver. A committee that never loses its Reporting Waiver by exceeding the \$1,000.00 threshold is not required to file a Campaign Statement until it dissolves, except for Late Contribution Reports. If the committee spends or receives more than \$1,000.00 in a calendar year or incurs debt over \$1,000.00, the Reporting Waiver is automatically lost and the committee will owe the next Campaign Statement due after losing the waiver.
- ITEM 11.** In **Item 11a**, enter the name and address of the Michigan bank, savings and loan association or credit union that the committee now uses or intends to use as its "official depository." The committee's official depository must be located in Michigan if the committee conducts business through an office or facility located in Michigan. The committee depository does not have to be located in Michigan if the committee does not conduct business through an office or facility located in Michigan. In **Item 11b**, list the names and addresses of any "secondary depositories" the committee currently uses or intends to use. A secondary depository may be used only for the deposit of contributions (for example, as a temporary holding place for receipts from a joint fund raiser); it may **not** be used for committee expenditures.
- ITEM 12.** Complete if the committee supports or opposes specific candidates.
- ITEM 13.** Complete if the committee supports or opposes specific ballot proposals. Indicate whether the issue is statewide, county-wide (name of county), multi-county (name of counties), or local (name of city, township, village or school district).
- ITEM 14.** Enter the treasurer's name where indicated. The form **must** be signed and dated by the current committee treasurer. A designated record keeper may **not** sign an original or amended Statement of Organization.

STOP

SINGLE - PAGE DISSOLUTION STATEMENT

**THIS FORM MAY ONLY BE USED TO
DISSOLVE A COMMITTEE THAT HAS A
REPORTING WAIVER.**

IF YOU WISH TO DISSOLVE A COMMITTEE THAT DOES NOT HAVE A REPORTING
WAIVER, YOU MUST FILE A COMPLETED DETAILED CAMPAIGN STATEMENT USING
THE REGULAR CAMPAIGN STATEMENT FORMS FOUND IN THIS BOOKLET



Michigan Department of State
Bureau of Elections

DISSOLUTION CAMPAIGN STATEMENT

Type or print clearly in ink

Committee Name and Address:

Committee I.D. Number:

THIS FORM MAY BE USED TO DISSOLVE A COMMITTEE THAT HAS A REPORTING WAIVER. A DISSOLVED COMMITTEE HAS NO FURTHER FILING OBLIGATIONS UNDER MICHIGAN'S CAMPAIGN FINANCE ACT, P.A. 388 OF 1976. AN INCUMBENT OFFICEHOLDER IS NOT PERMITTED TO DISSOLVE HIS OR HER CANDIDATE COMMITTEE UNLESS THE OFFICEHOLDER IS NO LONGER QUALIFIED TO SEEK REELECTION.

I certify that the committee listed above:

- ! Obtained a Reporting Waiver by checking Item 10 on its Statement of Organization or on an amendment to its Statement of Organization.
- ! **INDEPENDENT COMMITTEES, POLITICAL COMMITTEES AND POLITICAL PARTY COMMITTEES:** Did not receive or spend more than \$1,000.00 during any calendar year after obtaining the Reporting Waiver.
- ! **CANDIDATE AND BALLOT QUESTION COMMITTEES:** Did not receive or spend more than \$1,000.00 for any election after obtaining the Reporting Waiver
- ! Has no outstanding late fees or other remaining debts.
- ! Has no remaining assets.

I further certify that the remaining funds (if any) were disposed in the following manner:

Date of Dissolution

Signature of Committee Treasurer or Designated Recordkeeper

Date

Signature of Candidate (if a Candidate Committee)

Date

Return this form to your filing official. If the above statement does not apply to your committee, you cannot dissolve it with this form. If this form cannot be used to dissolve your committee, contact your filing official for further instruction.

State-level candidate committees,
judicial candidate committees, state-wide Ballot Question
state-level PACs, and all
Political Parties file this form with:

City, township, village, school board, or community college
candidate committees, local PACs and local Ballot Question Committees,
Committees file this form with:

Michigan Department of State
Bureau of Elections
Post Office Box 20126
Lansing, Michigan 48901-0726
(517)373-2540

Local County Clerk